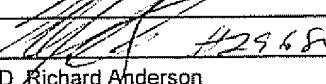


Effective on 12/08/2004. <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known	
FEE TRANSMITTAL For FY 2007		Application Number	10/627,742-Conf. #3834
<input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27		Filing Date	July 28, 2003
<input type="checkbox"/> TOTAL AMOUNT OF PAYMENT (\$ 170.00)		First Named Inventor	Yasuo AOTSUKA
<input type="checkbox"/>		Examiner Name	N. T. Tran
<input type="checkbox"/>		Art Unit	2622
<input type="checkbox"/>		Attorney Docket No.	0649-0904P

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues)							
Each independent claim over 3 (including Reissues)							
Multiple dependent claims							
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
21	- 1	x 50.00	= 50.00	Fee (\$)			
HP = highest number of total claims paid for if greater than 20							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)			
2	- 0	x 200.00	= 0.00	HP = highest number of independent claims paid for if greater than 3			
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof See 35 U S C 41(a)(1)(G) and 37 CFR 1.16(s)							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	Fee (\$)		
- 100 =	/50 =	(round up to a whole number) x	=	=	=		
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge) 1254 Extension for response within first month 120.00							

SUBMITTED BY					
Signature			Registration No. (Attorney/Agent)	40,439	Telephone
Name (Print/Type)		D. Richard Anderson		Date	(703) 205-8035
June 6, 2007					

AMENDMENT TRANSMITTAL LETTER				Docket No. 0649-0904P																																											
Application No. 10/627,742-Conf. #3834		Filing Date July 28, 2003		Examiner N. T. Tran																																											
Art Unit 2622																																															
Applicant(s): Yasuo AOTSUKA																																															
Invention: SOLID-STATE IMAGE PICK-UP DEVICE AND IMAGE PICK-UP APPARATUS																																															
MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																																															
Transmitted herewith is an amendment in the above-identified application The fee has been calculated and is transmitted as shown below.																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="6" style="text-align: center; padding: 2px;">CLAIMS AS AMENDED</th> </tr> <tr> <th style="width: 15%;"></th> <th style="width: 15%; text-align: center;">Claims Remaining After Amendment</th> <th style="width: 15%; text-align: center;">Highest Number Previously Paid</th> <th style="width: 15%; text-align: center;">Number Extra Claims Present</th> <th style="width: 15%; text-align: center;">Rate</th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Total Claims</td> <td style="text-align: center;">21</td> <td style="text-align: center;">- 21 =</td> <td style="text-align: center;">1</td> <td style="text-align: center;">x 50.00</td> <td style="text-align: center;">50.00</td> </tr> <tr> <td style="text-align: left;">Independent Claims</td> <td style="text-align: center;">2</td> <td style="text-align: center;">- 3 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 200.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td colspan="5" style="text-align: center;">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="5" style="text-align: center;">Other fee (please specify): One Month Extension of Time</td> <td style="text-align: center;">120.00</td> </tr> <tr> <td colspan="5" style="text-align: center;">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td style="text-align: center;">170.00</td> </tr> </tbody> </table>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	21	- 21 =	1	x 50.00	50.00	Independent Claims	2	- 3 =	0	x 200.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify): One Month Extension of Time					120.00	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					170.00
CLAIMS AS AMENDED																																															
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate																																											
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Multiple Dependent Claims (check if applicable) <input type="checkbox"/>																																															
Other fee (please specify): One Month Extension of Time					120.00																																										
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					170.00																																										
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity																																															
<input type="checkbox"/> No additional fee is required for this amendment.																																															
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ <u>170.00</u> . A duplicate copy of this sheet is enclosed.																																															
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.																																															
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																															
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.																																															
<input checked="" type="checkbox"/> Credit any overpayment.																																															
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																															
Dated: <u>June 6, 2007</u>																																															
<u>D. Richard Anderson</u> Attorney Reg No.: 40,439																																															
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8035																																															